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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** \$400.00**Complete If Known**

Application Number	10/879,189
Filing Date	October 3, 2003
First Named Inventor	Autrye, et al.
Examiner Name	Hsien Ming Lee
Art Unit	2823
Attorney Docket No.	APPM/008764/FEP/OXD/AG

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 50-1074/APPM/008764/FEP/OXD/AG Deposit Account Name: APPLIED MATERIALS, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

8 - 6 or HP = 2 x 200.00 = 400.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

Fees Paid (\$)**SUBMITTED BY**

Signature	<u>Robert W. Mulcahy</u>	Registration No. (Attorney/Agent)	25,436	Telephone	713-623-4844
Name (Print/Type)	ROBERT W. MULCAHY			Date	<u>March 13, 2006</u>

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PATENT
Atty. Dkt. No. APPM/008764/FEP/OXD/AG
Serial No.: 10/679,189

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Autryve, et al.

Serial No.: 10/679,189

Confirmation No.: 9509

Filed: October 3, 2003

For: Absorber Layer for DSA Processing

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Group Art Unit: 2823

Examiner: Hsien Ming Lee

**MAIL STOP AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING**  
**37 CFR 1.8**

I hereby certify that this correspondence is being deposited on  
3/14, 2006 with the United States Postal Service as  
First Class Mail in an envelope addressed to: Mail Stop  
Amendment, Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450.

3/14/06   
Date Signature

Dear Sir:

**RESPONSE TO OFFICE ACTION DATED DECEMBER 19, 2005**

In response to the Office Action dated December 19, 2005, having a shortened statutory period for response set to expire on March 19, 2006, please enter this response and reconsider the claims pending in the application for reasons discussed below. Authorization to charge the sum of \$400.00 for two additional independent claims in excess of three is given in a separate fee transmittal. The Commissioner is hereby authorized to charge counsel's Deposit Account No. 20-0782/APPM/008764/KMT for any other fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper. **Remarks** begin on page 7 of this paper.

03/16/2006 CNEG1 00000038 501074 10679189

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